

PRE-APPEAL BRIEF REQUEST FOR REVIEW		Docket Number (Optional) MP0974 (13036/15)														
<p>I hereby certify that this correspondence is being electronically deposited pursuant to 37 CFR 1.8(a) with the United States Patent and Trademark Office through the Electronic Filing System, on the below date:</p> <p>On: <u>December 7, 2009</u></p> <p>Signature: </p> <p>Typed or printed name: <u>Ryan Gleitz</u></p>		<table border="1"> <tr> <td colspan="2">Application Number <u>10/630,419</u></td> <td>Filed <u>July 30, 2009</u></td> </tr> <tr> <td colspan="3">For: PRINTER FORMATTER WITH PRINT SERVER</td> </tr> <tr> <td colspan="3">First Named Inventor William Randolph Schmidt</td> </tr> <tr> <td>Art Unit <u>2625</u></td> <td>Conf. No. <u>7838</u></td> <td>Examiner <u>Neil McLean</u></td> </tr> </table>			Application Number <u>10/630,419</u>		Filed <u>July 30, 2009</u>	For: PRINTER FORMATTER WITH PRINT SERVER			First Named Inventor William Randolph Schmidt			Art Unit <u>2625</u>	Conf. No. <u>7838</u>	Examiner <u>Neil McLean</u>
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<p>Applicant requests review of the final rejection in the above-identified application. No amendments are being filed with this request.</p> <p>This request is being filed with a Notice of Appeal.</p> <p>The review is requested for the reason(s) stated on the attached sheet(s).</p> <p>Note: No more than five(5) pages may be provided.</p>																
<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration No. <u>62,164</u>.</p> <p><input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34. Registration No. if acting under 37 CFR 1.34. _____</p> <p> Signature</p> <p><u>Ryan Gleitz</u> Typed or Printed Name</p> <p><u>(312) 321-4200</u> Telephone number</p>																
<p>Note: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>																
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